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Bib Data Sheet

CONFIRMATION NO. 4367

|  |   |                                   |   |  |                                |
|--|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/778,672   | <b>FILING DATE</b><br>02/07/2001<br><b>RULE</b>   | <b>CLASS</b><br>424               | <b>GROUP ART UNIT</b><br>1632   | <b>ATTORNEY DOCKET NO.</b><br>12774-002001 |                                |
| <b>APPLICANTS</b><br>Hsu Ching-Hsaing, Taibao City, TAIWAN;<br>Yuh-Chyang Chang, Taipei, TAIWAN;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 03/10/2001</b>  |   |                                   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input type="checkbox"/> Allowance<br>Verified and <i>[Signature]</i><br>Acknowledged <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>23                  | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Y. ROCKY TSAO<br>Fish & Richardson P.C.<br>225 Franklin Street<br>Boston, MA 02110-2804  |   |                                   |   |  |                                |
| <b>TITLE</b><br>Live vaccines for allergy treatment  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>447  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |

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